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THE CALIFORNIA MEDICAL JOURNAL

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700 MARKET STREET, SAN FRANCISCO, CAL.

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RAY FEVER
BY DR. J. H. HARRIS, M.D.
OF THE UNIVERSITY OF CALIFORNIA

INVESTIGATION

REPORT OF THE

COMMISSIONER OF THE

LAND OFFICE

IN RESPONSE TO A

RESOLUTION OF THE

LEGISLATIVE COUNCIL

OF THE

GOVERNMENT OF

THE

ISLAND OF

IN THE

MONTH OF

THE YEAR

BY

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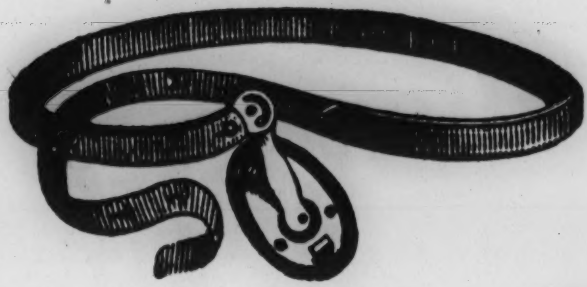
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VOL. XXV.

AUGUST, 1904.

No. 8.

Hernia Successfully Treated by Injections of *Thuja Occidentales*.

P. F. BULLINGTON, M. D., ORIVILLE, CAL.

FROM statistical reports we find a great many people suffer from this disease or infirmity, and it is not confined to any age or to either sex.

Of all persons suffering from rupture there are only about ten per cent. female; this is due largely from the fact that women are less exposed to injury from lifting and straining the abdominal muscles to the extent of causing a rupture, as well as the anatomical reason, viz: the incomplete closure of the inguinal canal in the male.

Since this is one of the most common, if not one of the most dangerous ailments that the race is heir to, I feel that we as physicians should avail ourselves of every opportunity to relieve it, hence I offer my experience in treating rupture to the society at this time.

I shall not enter into the ætiology of hernia here, but will refer those interested to the various surgeries and anatomies treating on the subject.

We will consider only two varieties of hernia, viz: Inguinal and Femoral, as the majority of cases which you will be called upon to treat will come under one of these heads.

Inguinal Hernia is of two forms, direct and indirect, or oblique.

Without entering minutely into the anatomy of the different forms, we will notice some of the most prominent points of difference, in order to guide the operator in his diagnosis and treatment.

Indirect inguinal hernia is the form you will most often be called upon to treat, so it will be necessary to notice the most prominent diagnostic points of this variety especially. This form follows the course of the spermatic cord, the most natural hernial outlet, hence its frequency and large size. In recent cases the internal ring will be found about one half inch above the external, but in cases of long standing,

and especially when the protrusion is large and allowed to remain down, the internal will be pulled down on a level with the external ring, by the dragging weight of the protrusion.

This variety is usually of large size, oblong in shape, and fills the scrotum.

The spermatic cord will be found just behind the hernial protrusion, and the epigastric artery lies *internal* to the descended gut and its coverings.

Direct inguinal hernia is not so frequently met with, and is easier to successfully treat, as the rings and canal are not so large and the pressure from within is not so great. This variety comes down *internal* to epigastric artery, a more direct route, hence its name. It rarely gets down into the scrotum, is of small size and nearly round.

In this form the spermatic cord will be found *external* to the gut and separated from it by the epigastric artery.

I trust I have made clear the most salient points of Inguinal Hernia, although it is not always an easy thing to diagnose between an oblique and direct hernia, especially in fat subjects.

Femoral Hernia emerges below Poupart's Ligament, is not of frequent occurrence, and is met with more often in the female than in the male.

In its escape it follows down the course of the inguinal canal, passes out under Poupart's Ligament, through the femoral ring, enters the femoral sheath, passes forward, thence upward.

If the operator will remember the brief outline above given he will have no great difficulty in diagnosing and reducing ordinary cases.

Only reducible hernia is considered in this article, as this treatment can only be of benefit in such cases, and I deem it proper at this time to give a successful method of reduction as applied by me.

After having diagnosed the form of hernia under treatment you will only need to remember the course of descent in order to successfully apply your pressure and manipulations, if taxis is used.

In oblique inguinal hernia the protrusion may be large and in such cases you must remember the course of outlet and raise (supposing patient to be lying on back) the mass to a point in a direct line of the canal, then make slight traction on the scrotum and its contents in order to bring any bulging mass down in line, then keeping in mind the line of outlet, apply gentle pressure with manipulation and the hernia can easily be reduced in most cases. In recent cases I would not advise taxis longer than fifteen minutes lest too much irritation be caused, that might set up an inflammation sufficient to cause death.

The assistance of gravitation is of much benefit in some cases. A chair may be tipped forward on a table, or even the floor if no table be at hand, and the patient be placed on the chair on his back, with hips elevated and feet hanging down between the chair legs, after the manner of Trendelenberg.

I call to mind a physician who is ruptured, and when his hernia comes down he suffers intensely until it is returned, and his method was to stand on his head with his feet against the

wall for a few minutes until the gut vermiculated its way back into the abdomen. He claimed this the best way to reduce his hernia, as several physicians had failed by taxis.

I have never had to resort to the "head end" method but would not hesitate to do so should other methods fail.

TREATMENT.

In January, 1898, an uncle while visiting with me said he had cured hernia by injection into the internal ring and canal, and gave me the prescription for the medicine to be used.

I have forgotten the ingredients and the amounts used, but I remember there was thuja in small proportion, some carbolic acid, creosote and sulph. morphine.

Two cases, one oblique, the other direct inguinal hernia were soon found who were willing to offer themselves as clinics with the understanding that if they were cured each was to pay fifty dollars and if not cured (they to be the judges) no charge would be made.

After giving each about six treatments of 3 ss of the prescription we called a halt to ascertain what, if any, good had been accomplished. After the inflammation set up by the injections had subsided, it was found the hernia could, by some effort, be forced down, but not without pain; this proved the treatment had done some good, which gave us encouragement.

I then suggested that I change the prescription and try again, with the same understanding as to fees, which was agreeable.

I now began to experiment in earn-

nest and used injections of thuja and creosote aa 3 ss.

This caused more inflammation and swelling as well as more pain and soreness. After taking a couple of treatments of the thuja and creosote one man quit the treatment as he had to go to ploughing, but said it did him more good than the former treatment, and he believed it would have cured him had he continued.

On account of the pain the creosote was left out of the treatment, and 3 ss injections of thuja were given at intervals of twice a week. This caused more inflammation than the thuja and creosote combined, and the swelling was very hard and lasted longer, but there was much less pain and soreness following the injections.

After about eight injections of the thuja were given the patient said he was cured and in three months called and paid his bill.

During that year I successfully treated seven cases, since which time no record of cases has been kept.

TECHNIQUE.

After diagnosing the form of hernia I am to treat, I wash the area to be injected with some antiseptic and fill the cylinder of the hypodermic (3 ss) with thuja, Lloyd's Spc. medicine, elevate point of needle and press piston until a drop of the medicine escapes at the needle point proving the air is out of the needle (approximately).

Satisfying myself there is no gut or omentum lodged in the internal ring I insert the needle passing it well up into the edge of the internal ring and then

press piston slowly, taking about one minute to empty the syringe. Withdraw the needle and apply pressure at the point of entrance for about one minute and this ends that treatment.

This is all done while the patient is lying down, and the truss is put on again before patient is allowed to rise.

Sometimes a drop of blood will escape after the withdrawal of the needle, but as the thuja is astringent and antiseptic there will be but little bleeding and you will have no fear of a needle abscess.

The internal ring can be located by drawing a line from the anterior superior spinous process of the ilium to the symphysis pubis, and is about half an inch above Poupart's ligament.

The size of the ring varies according to the amount of gut and omentum that has been protruding.

I endeavor to make four injections into the edge of the internal ring at different points, two into the wall of the canal, and two into the external ring, making eight in all, and give two treatments a week if the inflammation from previous treatment has subsided sufficient to allow the introduction of the needle. I have attempted to introduce a needle and failed more than once on account of the hardened tissues caused by the inflammation and at one time was unable to empty the syringe after the needle had been introduced.

I have the patient keep a reclining position during the time between the first and the second treatments, after which time he can go about his business, but he is instructed to wear his truss all the time, save while in bed,

and to do nothing that would force the hernia through the internal ring.

I advise patients to wear a truss at least three months after the last treatment in order that the adhesion formed may become strong enough to hold; I also inform them that no treatment will make the wall stronger than Nature made it (unless he be ruptured in infancy), and the same force that caused the rupture at first would likely do it again.

I sent to Max Woche & Son of Cincinnati, Ohio, and had made a half dozen gold plated needles ranging from one to one and 5-16 inches in length, with lumen large enough to allow the passage of the thuja with ease, and they are larger and stronger than the ordinary hypodermic needle.

I do not know that the gold plate is necessary, but I advise the use of a strong needle, as I had some difficulty in removing a fragment of a broken needle, which was discouraging to patient and embarrassing to myself.

As this article has already occupied enough of your time I will mention only five cases treated as they are a fair sample of what one will meet with in practice.

Case 1. Male, age 32, right oblique inguinal, ruptured for years. Three years before coming for treatment was operated on for strangulated hernia, the immediate cause of which was jumping from a high seat while team was running away; patient was picked up unconscious, and it was found that the bowel and omentum had been forced down under his truss into scrotum; the mass was as large as his head,

and almost black. On the following morning two doctors operated on him and after some weeks patient recovered, but the opening through the abdominal wall did not heal properly, and if patient removed his truss while standing the bowel would come down and fill scrotum in one minute. Patient could lie down and easily replace the hernia.

This case required twenty or more treatments and the time extended over eight months.

The last time I talked with him he was still wearing a truss, but he could remove truss without the hernia coming down. He said one morning he forgot to put on his truss, and went out and did the feeding of the stock and milked the cows, and when he returned to the house his wife told him he had left off his truss. This was the first he knew of having left the truss off, as there had been no descent of hernia. He claimed the treatment had been worth one thousand dollars to him, although I did not realize that amount for my services.

Case 2. Male, age 3 years, right, oblique inguinal, son of case 1, ruptured when born, and born on the day his father was operated on for the strangulated hernia.

In this case I used thuja m x x at a treatment, and gave one treatment a week for three weeks—perfect cure.

Case 3. Male, age 66, father of case 1, right oblique inguinal. Three in one family proves that there is such a thing as inheriting a weakness in certain parts, if not a disease.

When this patient paid me he expressed great satisfaction with the treatment.

Case 4. Male, age 73, right and left direct inguinal. Had had cancer removed from nose, had enlarged lymphatic glands and varicose veins. This patient was so well pleased with the treatment that he promised me the privilege of holding a post mortem, in order to see the effect of the treatment on tissue, if he died near me. He still lives.

Case 5. Female, aged 20, single, right femoral hernia, ruptured when a child by running against something while at play. Has since married and born a child, and the treatment still holds good.

It is my opinion that any reducible hernia can be cured by this treatment in the hands of any physician of ordinary ability, without sending them away to a specialist, thereby adding to his own reputation as well as bank account.

Points of Interest for Eclectics.

F. J. PETERSEN, M. D., LOS OLIVOS, CALIFORNIA.

OUR State Convention at Los Angeles was a success. It showed the policy of not having conventions at the same place all the time, is a good one.

With increasing interest in the cause of eclecticism we will soon see the time that our school will not be honored alone at home, but abroad as well. The

Eclectic school of medicine can point with pride to the fact that their graduates are numbered amongst the most successful practitioners in the United States. It also shows that we have many able and practical teachers. This all goes to show that our system of medication as a whole, is far superior to that of any other school. In order to get more prestige we not only need the good colleges we have, but more of them; more Journals, and modern up to date college buildings. On the Coast we lack a modern college building and the writer thinks it is about time that this matter is not only discussed but acted upon. The up to date business man knows that convenient up to date buildings are necessary to get prestige and do business. He knows, no matter how good a stock he carries, that he must have proper up to date methods of displaying his goods, and occupy modern buildings in order to attract the public. This applies to medical colleges as well.

The financier knows that if he cannot get donations or large capitalists interested in a proposition that a first-class solicitor generally will succeed in getting subscribers to stocks if divided in shares of small amounts, say \$100.00 a share, and then get enough capital to form a large stock company, where other means would fail. However, it requires in our case the personal attention of a solicitor to see all Eclectics on the coast and friends of eclecticism, as correspondence would be of little or no avail. If we can do this, should the matter be delayed any longer? It can be done. The saying "in union there

is strength" should apply to eclecticism as well as anything else. If the people at large were impressed with the differences in schools, our good work would be more appreciated by this time. Hundreds of physicians of our school are known as good practitioners, but the public does not know to what school they belong. If we have a right to exist as a separate school, we have the right to let the world know this, and it is our duty to do this. Eclectics that do not show their colors are not true Eclectics and only do harm to our cause.

Many physicians of our school have told me that Eclectic is most always confounded by the laity with the word electric. This is true and it requires many explanations to correct this wrong impression, and even at that we often fail to make people comprehend. The American School of Medicine would have not been so misleading. However, as it is, a change in name would perhaps not be advisable.

Our school of medicine is in need of a publishing house for Eclectic books and literature. This is a question that should be discussed at State and National Conventions. As it is now, every author of our school seems to be obliged to be his own publisher. This partly accounts for the lack of text books and literature in our school.

Progressive spirit is with us, let us utilize it by organizing closer, co-operate more than we have done in the past, devise ways and means to improve the condition of eclectics, and our school will soon be known abroad as well as

at home, as the "*best*," the *American* school of medicine. The time is ripe for progressive eclectics to see that the American school of medicine is estab-

lished in foreign countries. Let us work together in harmony, and any obstacle, no matter how great, will be overcome.

Hygienic Essentials.

M. SCHIRMAN, M. D.

Lecturer on Hygiene, California Medical College.

PART IV.—VENTILATION.

VENTILATION is the renewal of the air contained in enclosed spaces.

The object of the operation is to provide in the first place for the escape or withdrawal of air which has become deteriorated from any cause, such as animal respiration; and in the second to supply the place of the deteriorated withdrawn air, by that which is fresh and pure.

The entire surface of the earth is subject to a vast system of ventilation effected by means of currents of air or winds which are continually passing over it, especially by those which, like the "trade" and other winds, blow constantly in one direction for months together.

The great remedy against impure air is proper ventilation; and thanks to the able sanitarians, Parkes, Pettenkofer, and DeChaumont, we fortunately possess an amount of knowledge in regard to it, bearing some proportion to its importance.

In arranging any system of ventilation we may assume that the greatest amount of carbonic acid (and its asso-

ciated organic material from the breath) which may be allowed in an inhabited room, without injurious results, is six-tenths of a gallon in every 1000 gallons of air.

The first question then is, how much fresh air must be supplied every hour for each person in a room, in order that this proportion of impurity may not be exceeded? By experiment and calculation it is found that, in order to keep up this admitted standard of purity, it is requisite that 3000 cubic feet of perfectly pure air should flow into a room hourly for every grown person occupying it. Of course an equal bulk of more or less vitiated air must escape to give place to the pure air, and this bulk, which must be poured in and likewise emptied out hourly for each individual, would be equal to the contents of an apartment thirty feet long, ten feet wide, and ten feet high. Such a quantity, large as it seems, must sometimes be considerably increased in order to maintain the requisite standard of purity. For example, when lights are used, and no provision is made for carrying away the products of

combustion, much additional pure air is needed. An ordinary gas-burner consumes the oxygen of about twenty-five cubic feet of air hourly, and produces nearly as much carbonic acid as ten men would do in the same space of time. Sick people, especially those with diseases of the lungs, and those affected with low or putrid fevers should have a large quantity of air; and it has been found that unless 3500 or 4000 cubic feet are supplied hourly for each patient, hospital wards for instance, are more or less affected by offensive odors.

The size of apartments for human habitation should be directly dependent within certain limits upon the perfection of the ventilating and warming apparatus, because, if the room is small, it is only by securing a proper delivery of warm air that the occupants can receive their allotted 3000 cubic feet per head per hour without suffering from dangerous or unpleasant draughts.

For instance, in a room containing but 100 cubic feet, the air must be changed thirty times hourly, or every two minutes in order to maintain the atmosphere at its standard purity.

This would involve the necessity of such rapid currents of air flowing through the narrow space that it would be almost uninhabitable. Besides, when the room is small it is not to diffuse equally the air which enters it, because between the inlet and the outlet, a direct current is apt to be established, so that a good deal of the fresh air passes right through without being of any use in reducing the amount of impurity.

The best authorities assert that with

ordinary means of ventilation the space for every grown person should be not less than 1000 cubic feet, and that in this space the entire air should be changed three times each hour. According to this rule a sleeping room of ten feet wide, ten feet high, and twenty feet long, might be allotted for two or most four persons, and no more should sit, eat or sleep in a room twenty feet square and ten feet high, provided it was well ventilated in the ordinary way.

If a room 12 or 14 feet long, 12 feet wide and 10 feet high is well ventilated and air warmed to a temperature of about 65° F, the air can be changed six times per hour without annoyance, and in such an apartment four persons could also live comfortable.

The dimensions just given are unfortunately very much larger than are generally provided in our dwelling-houses, and in the crowded lodgings of the poorer classes the allowance of space for each person often falls as low as 250 or even 200 cubic feet. Under the latter circumstances the increased sick-rate and death-rate, and the general aspect of a physiological destitution, bear witness to the disastrous effects of breathing impure air in confined apartments.

A certain amount of natural ventilation, as distinguished from artificial ventilation, effected by contrivances especially arranged for that purpose, goes on all the time through the many crevices, holes and pores of our dwellings, although this supply of air is as a rule but a small part of what is necessary for our health. It contributes,

however, to the change which does progress whilst we sit quietly within our four walls without feeling the least draught. The rapidity with which the necessary interchange of air goes on through the crevices of our doors and windows depends very much upon the difference between the inside and outside temperature.

This important fact Prof. Pettenkofer well illustrated. He found that in a room ten feet high, ten feet wide and twenty feet long containing 2000 cubic feet when the difference in temperature within and without was 34° the contents of the apartment changed once in an hour through the ordinary crevices of the doors and windows. In the same room, with the same difference in temperature, but with a roaring fire in the stove, the change in the air increased about one-fourth. When, however, in the same room the temperature stood at 71° , whilst outside it registered 64° , leaving only 7° , ventilation went only at the rate of 780 feet per hour, and even opening a window, the aperture of which equalled eight square feet only increased the ventilation about one-half, or to 1000 cubic feet. This experiment was very instructive, showing as it does that a difference in temperature of 34° whilst carefully shut doors, windows and crevices has as great an influence in securing a pure atmosphere as much larger and quite unobstructed communications with the outer air, when this latter is nearly the same temperature as that inside.

The quickest way of getting rid of foul air in a room is by cross ventilation, or perflation, as it is sometimes

called. This is obtained by opening windows on opposite sides of the apartment when a moderate breeze is blowing.

In all rooms which are occupied most of the day, and in all sleeping rooms, proper ventilation should be secured by artificial apparatus specially designed for the purpose. In old houses, until proper alterations can be made, the exit of foul air ought to be provided for by lowering the windows at the top and the entrance of fresh air permitted by raising them at the bottom. Unwholesome draughts may be prevented in the latter instance by the simple device of fastening a board across the window frame on the inside, in such a way as to direct the incoming current of air upward toward the ceiling of the room.

Window ventilation may be depended on during a large portion of the year in effecting a thorough renewal of the air in the room. It may happen that the windows are not properly situated to secure the perflating force of the wind. In the cold season the windows must be closed to keep in the heat, and in hot climates it may be necessary to keep them closed to exclude the heat. It therefore becomes necessary to provide special arrangements for the admission of fresh air, and for the exit of foul air.

To be continued.

The holy friendship existing between some doctors, especially if they represent the same specialty, would make Damon and Pythias holler for rear seats.—*Ex.*

Therapeutic Hints for the Busy Doctor.

DR. T. J. HIGGINS, SAN FRANCISCO.

DON'T forget that Spec. Aconite and Chloroform aa is an excellent local application for sciatic rheumatism. Apply by painting a strip about two inches wide over the seat of pain, the patient will with his finger point out the course of the nerve so that the nurse will have no trouble locating the part to be painted. A few applications of this potent remedy will usually cause the pain to decrease in its intensity and thus enable the doctor to apply such other therapeutic measures as seem to be specifically applicable to the case.

Iodide of potassium in solution in aqua dest. in the proportion of sixty grains to aqua O j will prove an excellent local application twice daily as a cleansing and germicidal agent in erysipelas, phlegmonodes, and also in erysipelas alba. Use the above solution to wash the parts. It materially assists in stopping the further spread of the disease. In cases where the doctor has not been called until it has become systemic a sponge bath twice daily in the above solution is a good therapeutic measure. Wherever the disease has progressed to that extent that there is a breaking down or sloughing of the deeper structures an application of a moist dressing is in order. Ecthol, full strength, or in combination in equal proportion with glycerin and hamamelis dest. makes an excellent application.

Of course the internal treatment will

have to be determined in each case in accordance with the specific indications present. An excellent preparation of Ecthol in 1-lb. bottles is prepared by Battle & Co., Chemists of St. Louis, and can be obtained from any reliable druggist in the United States.

The following will prove an excellent dressing to make a syphilitic ulcer heal rapidly. First thoroughly cauterize with carbolic acid, then apply boric acid pulv., to the part sufficient to make a dry dressing. The day following retouch all suspicious areas with a wooden pencil dipped in nitric acid, then use the following as a dry dressing:

R Campho phenique, ms xxx.
Camphor, best Japan, grs. xl.
Boric acid, 3 ii.

M. Triturate thoroughly.

Sig. To be sifted on to the surface of the ulcer once daily. Borated gauze should be used next the ulcer as cotton dries in the ulcer and produces bleeding points which is a decided objection. The above treatment will cause a very obstinate old indurated ulcer to heal quite rapidly.

A lady nurse rushing fervidly to her patients in a Cape Town hospital ward, found her favorite soldier fast asleep. Pinned to his coverlet was a scrap of paper on which he had laborously scrawled: "Too il to be nussed to-day respectfully J. M."—*Canad. Phar. Jour.*

Tampon in Post-Partum Hemorrhage,

D. MACLEAN, M. D.

THE use of an intro-uterine tampon to control hemorrhage seldom fails.

It is the most reliable means that the obstetrician can use. It is not to be depended on in all cases without being supplemented by other measures. Internally ergot, erigeron, cinnamon and strychnia are valuable adjuncts.

The tampon has a twofold use. It may be used as a medium to carry astringents or other medicines within the cavity of the uterus, and by its presence it produces pressure and provokes contraction of the organ.

Before using a tampon all clots should be removed and the uterus thoroughly irrigated with hot normal salt solution. The packing can be done through a speculum, the cervix held by a volsella, or it can be done by using two fingers as a guide to direct the introduction of a two inch

strip of gauze with uterine dressing forceps.

Extreme atony of the uterus is the only condition where the use of a tampon could be questioned, and even in those cases I believe it to be beneficial. If, however, the gauze intro-uterine packing does not control the hemorrhage, the uterus should be grasped at the fundus externally, and pressed against the pubic bones, while with the other hand the cervix is brought forward; in other words, the uterus is bent on itself against the pubes, then a vaginal packing should be used to hold the cervix forward and a compress above and behind the fundus with a firm bandage to hold it in position. A sand bag might be used instead of an ordinary compress. With these measures any kind of a hemorrhage should be controlled after delivery.

Jap Military Medical Service.

G. S. RYERSON, M. D., TORONTO.

THE war between Japan and Russia is arousing so much interest at the present time, that it would seem a short account of the medical arrangements of the two armies might prove of interest. The succeeding remarks are founded on an excellent report by Col. William Taylor, now Surgeon-General Sir William

Taylor, D. G., who was sent out by the Imperial Government to observe the medical service in the Chino Japanese war of 1894.

The Japanese regiment of infantry consists of three battalions of four companies each, of a total strength of 2,400 officers and men. In each regiment

there are forty-eight regimental bearers, distinguished by a red band worn above the elbow of the left arm. The scope of regimental medical service in action comprises medical aid in the fighting line and in the dressing stations. These stations are closed when the bearer companies begin their work. The medical officer and his assistants are employed at the front under fire at the temporary dressing stations referred to, but the Japanese regulations require the regimental medical service to keep well closed up with the fighting line, and to conform to its movements. The equipment is similar to that carried by all armies, but is very liberally supplied. The medicines are of the usual European kinds, morphia, iodoform, Hoffman's anodyne, etc.

The bearer company forms a divisional organization, consisting of a central administration and two subdivisions of three sections each, of a total strength of 416 officers and men, and fifty-one horses. There are ten medical officers and four pharmacists. This column is under the control of the division commander, who is advised by the chief of the division medical staff. Each bearer column bears the name of the division to which it belongs, and is organized so that it can at any time be divided into two equal parts. Ordinarily one-half marches with the advance guard and the other half in the main body. The function of the bearer company is to act between the dressing stations and of the field hospitals.

The dressing station is divided into three sections, indicated by flags of different colors. 1. Receiving and for-

warding section (blue flag). 2. Operating section (white). 3. Dressing section (red). The dressing stations are, in addition, distinguished by the Geneva Red Cross flag by day, while they are marked by red lanterns at night. The identification of patients is secured by a metal label worn by all ranks. The registry of all property is also provided for. The medical and surgical equipment of the bearer column consists of four panniers, eight reserve panniers, ninety-six stretchers and two tents, for the carriage of which thirty-six horses are allotted. The stretcher is made of bamboo with canvas bottom and movable cross piece. Most of the land carriage of patients is done with these stretchers and the native springless carts. There does not appear to be a provision for ambulances, though I understand a large number have been ordered from a firm in the United States for the purposes of the present war.

Field Hospitals.—There are six field hospitals in each division, three are with the first line of transport and three with the second. Their function is to receive patients from the dressing stations or direct from the fighting line, to continue or complete the treatment previously received, and to be prepared for rapid evacuation should it become necessary. The *personnel* of these field hospitals for each division consists of forty-eight officers, 108 non-commissioned officers, 510 men and 264 horses. The quota of patients for each hospital is 200.

Transport.—Passing from the field hospitals to the rear along the lines of

communication to the base the patients are in the hands of the hospital transport corps. There is also a reserve medical staff and a reserve medical store.

The supreme medical control is vested in a field medical commander, who is chief of the medical department of the war office, and, during war, serves with the grand headquarters of the army, and with him he has a personal staff of four. The army is also supplied with hospital transports and a hospital ship. The latter has accommodation for fifty officers and 200 men (patients).

General Hospitals at the Base.—The reserve hospitals are established either within military garrisons or without, and bear the name of the locality where they are located. They have an establishment of from forty-two to seventy officers and men of the hospital corps.

The Red Cross Society.—The Red Cross Society was inaugurated in 1886 and had, in 1894, since largely increased, 75,902 members, employing 1,170 medical officers, female nurses and orderlies

The first aid dressing used is Dr. Kikuchi's straw ash pad. It consists of straw ashes, freed from grit and put in muslin bags. Applied directly to the wounds, it is said to be very absorptive and aseptic. If there is no discharge from the wound it is applied dry, but if it discharges freely the pad is first soaked in bichloride solution.

It will be noticed that the Japanese are supplied with very liberal and adequate medical service, and General Taylor speaks in glowing terms of the

devotion and bravery displayed by the bearers in bringing wounded men in under fire. The free use of voluntary aid through the medium of the Red Cross Society is noticeable. I think that it is admitted that no nation maintains, even in time of war, a sufficient medical staff to meet the requirements. It will be remembered that during the late South African war the St. John Ambulance Association supplied upwards of two thousand trained orderlies for hospital work, and that the Red Cross Society contributed more than three million dollars' worth of supplies for the sick. It is painful to think what would have been the fate of the sick and wounded without this adventitious aid. We ought in this country to develop these societies, especially the ambulance association, as a reserve for the army medical corps, for trained orderlies cannot be improvised at a moment's notice.—*Can. Lancet.*

PILOCARPIN IN CATARRHAL DEAFNESS.

Gillman (Jour. Mich. State Society) has used intratympanic injections of pilocarpin in many cases of catarrhal deafness from otitis, first introducing the Eustachian catheter and forcing the solution into the middle ear by Politzer bag. He reports two cases, and concludes that it is absolutely effective in certain instances, together with allied treatment; in others, it may simply avert the worst consequences, while, perhaps, in the larger number it is ineffective.—*J. A. M. A.*

Surgical Hints.

[From the International Journal of Surgery.]

Washing soda is found in every house, and a saturated solution of this substance allays the pain of burns probably better than any other immediate application.

The first dressing in a case of burns should not be disturbed until the period of shock is over. This usually occurs after twenty-four hours from the time of injury.

In children, burns about the buttocks and thighs need daily dressings whenever urine or feces may soil the surfaces. If possible use oiled silk to protect the wounds from such discharges.

When there are large extents of denuded skin, it is well to remember that even small grafts, covering but an apparently ridiculously small surface, will be of great use, by starting islands of new epidermis.

The picric acid solution for the treatment of burns consists of picric acid, 75 grains, alcohol, two ounces, and water, one quart. It is one of the best applications to burns until granulations begin to form.

Powder grains blown into the skin can, as a rule, be removed, but with difficulty. If superficial and affecting the face, they can be needled out with careful antiseptic precautions. If very deep the injury caused by removal is scarcely justified.

In lacerations remember that no amputation is, as a rule, justifiable until

time enough has elapsed to show what parts still have vitality. Then save as much as possible, regardless of classical amputations.

There is no use in probing deep wounds made by the explosion of toy-pistols and firecrackers. It is exceedingly rare that any substance hard enough to be felt by the probe has been driven in. Better always enlarge the wound if possible, to allow of inspection and thorough disinfection.

Morphine is most valuable in the immediate treatment of severe burns, but it must be remembered that children bear but a small amount of this drug, and that in them the doses should be very minute and repeated with great caution. In adults it can be usually given in full doses from the start. It will diminish shock both by lessening the pain and allaying fear and nervousness.

The great accessory dangers in burns consist in shock and pneumonia. These are always most likely to supervene if the trunk is involved. For the prevention of shock use heat, keep the head low, and inject stimulants hypodermically if needed. To prevent pneumonia use the oiled silk jacket and camphorated oil to the chest or back, if there is enough unburnt skin to admit of its use.

Explosions often cause the cornea to be studded with particles of unburnt gunpowder. The eye should be placed under the influence of cocaine, and thoroughly washed out with saline solution. The grains of powder are then removed with a needle, or preferably a spud or small spoon.

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Editorials

The Crocker Sanitarium.

We are always pleased to chronicle a new undertaking by one of our men, but we are all specially interested in the new Sanitarium opened on July 23rd, at Healdsburg.

To Journal readers there is an added interest in the fact that the proprietor of the new institution is Dr. H. Bosworth Crocker who so ably edited the Journal for five years previous to the present management.

The hospital is situated within easy reach of the business center of Healdsburg. It is built in the old Mission style around a court, thus giving sunshine and fresh air for every room. The

court, with its gardens, makes an ideal spot for convalescents.

The equipment is most modern and complete. Rooms are fitted up for all kinds of electrical treatment with static, high frequency, galvanic and Faradic apparatus. There are also a genuine Finsen light, a complete dry hot air outfit and vibrators.

Besides all these things four rooms are devoted to baths of all kinds, and there are special facilities for the treatment of the eye, ear, nose and throat.

The second floor of the hospital will be devoted to surgical cases. Here also is the operating room with every possible device for sterilization. Dr. Crocker's nurses are all capable and experienced, and nothing is lacking to ensure the proper care of patients. In fact, we are very certain that there is

not a more perfectly equipped sanitarium on the Coast, and under Dr. Crocker's able management it is bound to flourish and prosper.

Dairy and Milk Inspection.

While some of the regulations which the Board of Health are endeavoring to enforce are impracticable and others useless, still the movement is in the right direction and the department should receive every encouragement in the effort to procure pure milk for our citizens.

That there is need for reformation no one can deny—that many of the cow barns are dirty and unfit for use is equally true. The Board can enforce cleanliness as far as this city and county is concerned, but that is only a small matter. The great bulk of our milk comes from other counties where we have no jurisdiction. It would be amusing to watch an old farmer in the country sitting on his three legged stool in the barnyard milking his cows being informed by a San Francisco milk inspector that cows should be sterilized, his hands sterilized, and he should wear a sterilized white duck suit of clothes. I imagine he would hastily climb over the fence with the dog in possession of a part of his garment.

The matter, however, is of sufficient importance that the State should supervise the milk and butter industry in as far as enforcing cleanliness in milking, storing and distributing of milk, and the making and care of butter.

Sweeping changes cannot be made

all at once. Growth of ideas are slow, Education is progressive, and in time, if we have patience, we can arrive at the ideal.

Editorial Notes.

Dr. G. W. Bryant of Truckee passed through the city on one of his many jaunts last week.

Dr. G. Henrickson of Sacramento paid us another visit last week. We hope he will continue to call often.

Dr. R. J. Schmiedel of Hodson has been in town on a flying visit.

Dr. Yates of Crockett was in the other day.

Dr. Blake of Weaverville paid us a very pleasant visit during the month.

Dr. E. A. Ormsby of Mariposa writes us that he is well and flourishing.

Dr. H. B. Crocker dropped in last week and told us all about his new Sanitarium at Healdsburg. We wish him success in his undertaking.

Reviews and Extracts.

The Clinical Value of Cryoscopy.

Dr. Gaetanoflorio (*Gazz. Degli Ospedali E Delle Cliniche*, July 6, 1902) concludes as follows as regards the clinical significance of cryoscopic examinations: The cryoscopic examination of urine gives very important clues as to the functional state of the kidneys. The urine

of twenty-four hours should be collected for the freezing test, but it is not necessary to obtain the urine from each kidney by ureteral catheterization. The freezing point of urine taken from the bladder in a case of unilateral renal disease is different from that of a case in which the lesion is bilateral. When one kidney is diseased, the freezing point does not reach below 0.95, while, when both are diseased, it is nearer to 0.45 or 0.30. The proteid substances, such as albumen, pus, etc., do not take part like the crystalline substances, in influencing the freezing point in the urine, and therefore cryoscopy offers a means of differentiating most readily cystitis from pyelitis and pyelonephritis. This fact also explains the independence of the freezing point from the specific gravity, which may be increased by the proteid substances. The freezing point of blood is not proportional in any way to that of urine, as the toxic substances in the blood are not wholly excreted by the kidneys alone. The loss of renal permeability through disease would influence the freezing point of blood only if the other emunctories were also impaired. The formulæ of Claude and Balthazar, whereby the relation between the chlorides of the urine and the organic substances excreted by the kidneys can be established have no application in surgery, as the chlorides vary with the amount of chlorides taken in, and with the intensity of intestinal fermentation. Cryoscopy has no application in surgical conditions which do not involve the kidneys directly or indirectly—*Medical Times*.

TÆNIA SAGINATA.

Unarmed Tapeworm.
Pork-Measles Tapeworm.

SYMPTOMS.

The symptoms exhibited by a patient troubled with a tapeworm are both general and local: Itching at the extremities of the intestinal canal, and various dyspeptic symptoms; uncomfortable sensations in the abdomen, uneasiness, fullness or emptiness, sensation of movement attributed to the movements of the parasite, colicky pains, disordered appetite, at times deficient, at other craving; paleness and discoloration around the eyes; fetid breath; sometimes emaciation; dull headache; buzzing in the ears; twitching of the face; dizziness; often the uncomfortable feelings in the intestines are increased by fasting and relieved after a hearty meal; fainting chorea and epileptic fits.

DIAGNOSIS.

A positive diagnosis of the presence of a worm can be made by finding the segments of the parasite in the stool, bed or in the clothing of the patient, or by a microscopic examination of the feces in search of eggs. The species present can be determined in the manner previously stated.

TREATMENT.

Before taking any medicine whatever, it is necessary to prepare for them by removing all obstructions in the intestines to the free exit of the parasite. This is best accomplished by living for several days on a light diet of milk, coffee, soup and bread; no vegetables

should be eaten. On the evening before taking the medicine it is advisable to administer a thorough enema consisting of two quarts of warm water to which has been added two tablespoonfuls of pure glycerine. Early next morning one of the following doses may be taken:

1. First and best and most generally used, is the oleo-resin of male fern, which may be obtained in capsule form ready for use. A half dram or dram is given in the morning, and in the evening a brisk cathartic, such as castor oil, should be administered. The patient should remain in bed after the administration of the drug to avoid syncope and other effects of large doses.

2. One or two ounces of pumpkin seeds, ground and made into a paste with sugar. Follow in an hour with a dose of castor oil. This is a most excellent, safe and cheap tapeworm remedy:

3. R Ext. Pomegran., one ounce.
Water, one pint.

Simmer over slow fire two hours. For adult, add to one ounce of above one fluid dram of Ext. Male Fern, as one dose. Repeat same fifteen minutes apart till three doses are taken. Follow with cathartic—epsom salts or castor oil.

While the parasite is being passed the patient should evacuate into a vessel containing warm water, the object being to prevent the worm from breaking or attempting to retain its hold in the intestines, which it will frequently do if it comes in contact with anything cold. There should be no attempt to

expedite matters by pulling on the worm, as it will only delay matters much longer.

After the movement is completed, a careful examination should be made for the head, for if this has remained in the intestines it will give rise to the growth of another worm in time; usually three or four months. If the head is not found, it is best not to repeat the treatment until the segments reappear. It is quite small and easily overlooked, and if such happens to be the case the second treatment would be useless.—*Battle & Co., St. Louis, Mo.*

Speech Defects and Method of Treatment.

James Moreau Brown, in the *Medical Standard*, discusses this subject. He says:

Defects of speech, more especially stammering and stuttering, have heretofore been almost entirely overlooked by the laryngologist and allowed to go to various teachers and institutions for treatment. Lately the matter has received consideration from eminent laryngologists in this country, and excellent results as to the treatment of these conditions have been reported.

In a recent paper read before the Chicago Medical Society the subject was divided, after Behnke, under three headings: mental, pathological and elocutionary.

The mental, or emotional aspect relates to those cases which are affected at times, having complete control over the powers of speech when in familiar surroundings, but on becoming excited

or in the presence of strangers, or experiencing shock of some sort, lose entire control of speech.

The pathological aspect is the condition wherein the defect of speech may be a symptom of an underlying nervous disorder such as hysteria, cholera, etc., or may, perhaps, be due to some abnormality of the upper air passages, such as adenoids, enlarged tonsils, or occluded nasal passages.

The elocutionary aspect is, perhaps, the most important, in that the treatment of these cases is taken under consideration.

In taking the history, after a thorough examination as to the probable cause of the defective speech, a close observation is made as to the letters or words in the pronunciation of which difficulty is experienced. It is well to observe whether or not the patient stammers continually, is worse among strangers or when excited, whether or not there are contortions of the face during the effort to speak, if the extremities are moved in the effort, if the patient sits or stands at times unable to utter a word or sentence, if he can read or talk alone correctly, and whether the defect consists of only certain letters or words.

The patient, for further examination, may be placed in a reclining posture, the hand placed upon the diaphragm, and instructed to inhale through the nose, taking as deep a breath as possible, with precision and accuracy, the diaphragm brought under control of the will and the breathing and vocal mechanism combined. After this has been practiced for a short time it is as-

tonishing to observe the amount of control which may be obtained over the organs of speech. A thorough system of breathing exercises may be outlined for practice, first pronouncing a letter, later words, then sentences, upon exhalation. This may at first be difficult, but if perfect confidence and co-ordination is obtained, the patient continuing to breathe deeply, as it were, from the diaphragm, habit is formed and the outcome is, in many cases, a full, clear and easy delivery. Caution should at first be given, as many, upon beginning, are apt to overdo the breathing in an effort to become "deep breathers" in too short a time. The exercises should be practiced upon rising and retiring and it will soon become a habit, the general health will be benefited and the respiratory organs strengthened.

The patient should be seen as often as possible, at least three times a week, and as treatment may vary from two to six months. One case recently under my care showed marked improvement at the end of about five weeks' treatment; the patient, being very deficient in his knowledge of the English language, was, at the same time, going to school.

It may be inferred by some that the treatment of speech defects should be left to the elocution teachers, but when we take into consideration their lack of knowledge of the anatomy, and the care and perseverance that are to be observed in the treatment of these cases, it will readily be seen that the condition is one for the attention of the physician.

Chorea and Anemia.

By ROSHIER W. MILLER, M. D., PH. G.,
Barton Heights, Va.

Lecturer on Nervous and Mental Diseases, and
Professor of Theory and Practice of Pharmacy,
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Virginia.

In the etiology of chorea, nothing is noted relative to anemia. It is simply accounted as an accompanying symptom of the condition. Medical literature emphasizes the relation between rheumatism and chorea, with anemia as an important symptom. After observation of several cases, I am strongly of opinion, however, that anemia as a causative factor is worthy of investigation.

Anemia of toxic origin presents pathological conditions which favor the production of choreaic affections. It is true that simple anemia is, as a rule, of secondary origin, and, viewed in this light, it may be argued that if chorea arises, it is the result of the primary and not of the secondary conditions—thus agreeing with the admitted etiology. This argument, however, will not satisfactorily explain those cases of chorea which arise remotely from the primary condition, but recently from the secondary effects.

I submit three cases in which symptoms, treatment, and recovery seem to intimate at least a possible relation between anemia and chorea.

Case I.—A female child of eight years gave a history of typhoid fever eight months prior to my visit. According to the mother's statement, the child had made a quick and good recovery, gaining rapidly in weight and exhibiting the energy of her former life. Six months later she became irritable and

pale, with pain in her arms and legs, which condition was soon followed by gastric disorders and irregular spasms of the muscles of the face. Simple anemia was in evidence from objective and subjective symptoms alone, but was unquestioned in the light of the results obtained from blood examination—the red blood element being present to the extent of barely 3,000,000 red corpuscles per c. m.

This case was treated with two teaspoonfuls of *pepto-mangan* (Gude) and two drops of Fowler's solution, three times a day. After gastric symptoms had abated somewhat, two raw eggs per day were added to the diet. The patient was discharged in five weeks, completely recovered.

Case II.—A female child of ten years of age; gave history of malaria (a well defined case of intermittent fever) one year previously. The pallid condition of the child induced the mother to solicit my aid. Upon examination, I found slight choreaic movements which had escaped the mother's eye, though she did admit the child "could not sit still very long at a time, and was constantly working her fingers." The blood examination revealed no plasmodium. The red cells were reduced to 2,800,000 per c. m., with a proportionate decrease of hemoglobin.

Pepto-mangan (Gude) alone was employed in doses of two drams in a glass of milk three times a day. The blood examination four weeks later showed red cells present to the amount of 3,900,000 per c. m., at which time I dismissed the case completely recovered.

Case III.—A female child of thirteen

years. Two months before my visit, the mother informed me, the child became peevish and pale, and was reproved at school for her inability to write neatly. She was taken from school, but she grew rapidly worse. Morning nausea, vomiting, headache, and anorexia were her daily companions. I found her with pronounced histrionic spasm, with involvement of the upper and lower extremities. Hemic murmurs were plainly apparent, but no endocardial irritation could be determined. The blood count showed reduction in red cells to 2,100,000 per c. m. The hemoglobin was reduced to a degree greater than the red cells. A curious feature of the case was the morning nausea. Immediately on awakening, she experienced nausea, which was followed by vomiting. I discovered, however, that this condition was superinduced by odors from the kitchen, and directed that a small sponge, moistened with creosote water, be placed over the nose and mouth before the preparation for breakfast began. The annoying symptom was promptly checked by this simple method. The anemia in this case may have been produced by malnutrition, but even this view is mere speculation.

The irritability of the stomach in this case was so pronounced that I did not deem it wise to give nourishment—not to speak of medicine—by the stomach. During the first four days rectal alimentation was employed. A nutritive enema, consisting of four ounces of peptonized milk and two drams of *pepto-mangan* (Gude), was given every six hours. Small amounts of peptonoids

with creosote on ice were given by the stomach. Egg albumen was taken in all the water she drank. After four days, the stomach was tested with small amounts of milk and *pepto-mangan* (Gude). Beginning with four ounces of milk and one dram of *pepto-mangan* (Gude) every four hours, the amounts of each were rapidly increased, until after three days the patient was taking eight ounces of milk every two hours and four drams of *pepto-mangan* (Gude) three times a day. This diet, plus three raw eggs a day together with the above treatment, was all that was employed for six weeks. The blood examination at this time showed a highly gratifying condition—the red cells being present to the extent of 4,100,000 per c. m. The bloom of youth once more tinted the cheek, and the shrine of St. Vitas lost a visitor.

Bruises, sprains and abrasions consequent upon tennis, golf, mountain climbing and other outdoor sports are prevalent at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison-ivy, poison-oak and the venomous insects with their characteristic weapons of offense. In all these cases the physician's first thought should be Antiphlogistine. It reduces inflammation of all sorts better and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

Brain-fag, from worry, overwork or excesses of various kinds, is quickly relieved by the use of celerina in teaspoonful doses three times a day.

CYSTITIS.—There is an advantage, according to the *Jour. de Med. de Paris*, in prescribing salol internally in the form of an emulsion instead of powder form in the treatment of cystitis. The following formula is recommended:

R Salol, gr. xxx-3 j.
Pulv. tragacanthæ, gr. ij.
Pulv. acaciæ, gr. xxx.
Tinct. tolutani, 3 j.
Syr. simp., 3 ss.
Aq. dest., q. s. ad 3 ij.

M. Sig. Ft. emulsio. Sig. One teaspoonful before each meal.

The following combinations are recommended by *Merck's Archives* in the treatment of cystitis:

To relieve the pain:

R Ext. opii, gr. vj.
Ext. hyoscyami, gr. v.
Ol. theobrom., q. s.

M. Ft. suppos. No. vj. Sig. One to be introduced into the rectum at night; or:

R Pulv. opii, gr. xij.
Camphoræ, 3 ss.
Ext. belladonnæ, gr. iij.
Ol. theobrom., q. s.

M. Ft. suppos. No. vj. Sig. One to be inserted at bedtime.

As an antiseptic and to relieve the irritation the following is of service:

R Ext. belladonnæ fl., gtt. xx.
Sodii boratis, 3 ij.
Acidi benzoici, gr. xx.
Tinct. opii camph., 3 iss
Ol. gaultheriæ, gtt. xij.
Syr., 3 ij.
Aq. dest., 3 iv.

M. Sig. One dessertspoonful in water four times a day.—*Jour. Amer. Med. Asso.*

TOOTHACHE.—

R Acidi carbolic, 3 j.
Collodii, fl. 3 iv.

M. Sig. Cleanse cavity and pack with cotton saturated with solution.

Indication. Used in caries with exposed nerves.—*Ex.*

EMPLOYMENT OF HEART TONICS BEFORE AN ANESTHETIC.—To overcome any cardiac enfeeblement which occurs in many patients previous to undergoing an operation, Feilchenfeld, of Berlin, according to an abstract in *Medicine*, administers six drops of the tincture of strophanthus for two or three days preceding the operation. According to his statements, too much stress is laid on the presence of valvular lesions and not sufficient attention given to the action of the heart. In individuals who are nervous and whose cardiac action tends to run up on slight provocation or where marked feebleness of pulse is shown, the administration of strophanthus or some similar heart tonic prior to an operation is very advantageous and important.—*Jour. Amer. Med. Asso.*

CRACKED HANDS.—The two following formulas attributed to Herzen are printed in the *Progres Medical*:

R Menthol, grm. j.
Salol, grm. ij.
Olive ol., grm. x.
Lanolin, grm. xxx.

and

R Cacao butter, grm. vij.
Sweet almond ol., grm. v.
Zinc oxid.,
Sodium borate, aa grm. x.
Ess. bergamot, gtt. viij.

The latter should also be useful in cracked or sore nipples and abrasions of the skin.—*The Medical Standard.*

HALLUCINATIONS OF VISION.

H. F. Hansell, Philadelphia, (American Medicine, January 16, 1904): Ocular mockeries of vision, those delusions of sight for which ocular disease is responsible, are manifold and embrace mistaken conceptions of objects in the world of reality, and their transformation into other objects that exist only in the world of imagination. They owe their being to:

1. Errors of Refraction.—Myopes have an inaccurate impression of size, distance, color, and detail, and err in their judgments of matters concerning which their only or chief information comes through their organs of vision. So much is left to the imagination in the make-up of a landscape, a picture, a human face, that they suffer a rude awakening when made to realize by glasses the real appearance of things. The hypermetrope sees the detail, but misses the harmonious whole. The astigmatic individual sees the square an oblong, the circle an oval, and fails to perceive with equal clearness simultaneously all parts of an object. These facts are so well known that elaboration or further illustration would be a supererogation.

2. The Ocular Muscles.—The patient with a paralyzed ocular muscle receives two impressions of every object, neither of them correct, because the mental conception must be formed without the association of the binocular co-ordination and the physiologic double retinal image.

3. Opacities of the Media.—The

mental impression of opacities of the cornea is that of cloudiness; of opacities of the lens, that of a fog; of opacities of the vitreous, that of smoke. Minute scattered vitreous opacities are extremely deceptive, and lead the patient to believe he sees flies, spiders, webs, that elude his grasp as he reaches to brush them aside.

4. Diseases of the Retina, Choroid, and Optic Nerve.—Irritation of the rods and cones of the retina and the axes cylinders in the nerve and retina by the pressure of blood or inflammatory material accentuates the normal activity of the tissues, and the field of vision is occupied by brilliant meteoric displays of flashes and circles of light, bright or colored rings or waves of light rapidly passing from one side to the other, or emanating from the center and spreading toward the periphery, startling and real while they last, and their disappearance followed by a feeling of intense relief. The brilliancy and frequency of the attacks depend upon the intensity and chronicity of the affection. The perversion or distortion of objects, micropsia, megalopsia, etc., is the erroneous mental conception of the imperfectly formed images on diseased patches in the retina, particularly of the foveal region. Scotomas and sectional defects in the field are usually ascribed by the patient to causes extraneous to himself until his judgment teaches him that the defects exist only for himself.

True hallucinations of vision are independent of ocular conditions, and are properly referable to mental disorders.—*St. Louis Medical Review.*

For years the malady known as hay fever has been the theme of many an able discussion. Its etiology, pathology, prophylaxis and treatment often have been the subject of study and experiment by physicians, and also by intelligent laymen. The disease has been described as a catarrhal affection of the conjunctivae and mucous membrane of the respiratory tract, characterized by an annual recurrence at about the same date in a given case. Another view is that the disease is a neurosis, and that the local symptoms (rhinorrhea, sensory disturbances, etc.) are due to vasomotor paralysis.

The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing; a copious discharge of serum and liquid mucous from the nasal passages; profuse lacrimation; now and then, febrile manifestations; frontal headache; and in not a few cases, some asthma.

The diagnosis having been established, the subject of prevention and treatment is of the utmost importance. It would be utterly useless and wearisome to attempt to review the list of remedies and the methods of treatment that have been proposed for this disorder. The interests of physicians and patients will best be served by a recital of facts respecting the most successful mode of treatment known at this time.

A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications

are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa and relieve the stenosis. The only single remedy that meets these indications is Adrenalin as represented in Solution Adrenalin Chloride and Adrenalin Inhalent. By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. By its powerful astringent action upon the mucous membrane, which it blanches completely in a few moments, it controls symptoms referable to a catarrhal inflammation of that structure. Indeed the results that have been accomplished with Adrenalin in this field alone are really remarkable and of the utmost importance. Parke, Davis & Co., who market Solution Adrenalin Chloride and Adrenalin Inhalent, have prepared a very complete treatise on the topic, which contains more information than is to be found in the average text-book. They will cheerfully mail a copy of the booklet to any physician applying for it.

Protection is What the Doctor Wants.

The old and reliable Fidelity & Casualty Co., of New York, with Agencies in all Cities, are doing a large business in the way of insuring physicians and surgeons against both trouble and loss from alleged malpractice suits by mischievous adventurers. Physicians who take out a policy with this company are not disappointed with the

treatment received, and have the full assurance that they will be protected to the utmost in every particular. This is quite in contrast with the methods of several of the so-called "Defense" Companies, who only agree to defend such litigation, and in the event of damages being obtained, as is too often the case, the confiding physician has to pay the bill himself. It is well for the Medical Profession to look into these points carefully and see just what kind of a policy and proposition they are paying for.

Eccles (*The Lancet*, March 21, 1903) draws attention to the association of appendicitis with pregnancy and parturition as being of the gravest import and by no means uncommon. That a woman who has suffered from an attack of appendicitis and has not had the organ excised runs an enormous risk if she becomes pregnant, is now coming to be a well-recognized fact. He states that it is difficult to judge whether the occurrence of the pregnancy is a factor in the lighting up of the inflammation in the appendix, but it is equally certain that such an inflammatory condition commencing during pregnancy or after parturition has up to the present time been attended with often fatal results. This termination, the author believes, in many cases is due to a want of early recognition of the lesion and of its prompt surgical treatment.—*Brooklyn Medical Journal*.

Dr. J. L. Waffenschmidt, of Cincinnati, Ohio, who graduated from Miami

Med. Col. in 1872, writing, says: "My experience with Sanmetto has been pre-eminently satisfactory in all cases of irritable conditions of the urinary organs, and I prescribe it with a feeling of certainty of good results in catarrhal conditions of the pelvic organs and atonic conditions of the sexual glands. In cystitis, spermatorrhea, enuresis and loss of sexual power it is par excellence."

Knock-out Blows.

Dr. Duncanson (*British Medical Journal*) has recently made a study of the various parts of the body concerned in the production of so-called knock-out blows. Any one who has never seen a boxing competition, upon first beholding the instant collapse attending such a blow, must feel that a well-nigh fatal injury has been inflicted, and yet it is remarkable that serious results in the modern prize-ring occur with such comparative infrequency. As a matter of fact, we presume that of the large number of professional fighters in this country and in England there are but a very few who have never been knocked out, so that we may conclude that as a general rule the knock-out blow causes only temporary harm. In every such occurrence the blow may be the only factor, or else the condition of exhaustion brought about by the severity of the work indulged in may be a complicating element. The blows enumerated by Dr. Duncanson are the one on the point of the jaw, producing cerebral concussion; on the temple, which, though seldom dangerous when delivered with

the boxing glove, yet has been known to produce laceration of the brain substance; on the angle of the jaw, which may cause severe concussion and even fracture at the base; on the ear, which may bring about a rupture of the drum.

When the head is thrown back, blows on the neck over the carotid region or over the larynx or hyoid bone may have dangerous consequences, due to the concussion of important nerve trunks. Blows over the region of the heart, especially if delivered while the muscles are relaxed, have produced syncope and even death.

Kidney blows are also included by Dr. Duncanson among the possible causes of a knock-out. That they are intensely painful and may result even in death is certain, but we question whether the kidney blow, unless accompanied by very severe exhaustion, is ever primarily responsible for a knock-out in the prize-ring. The blow on the "mark," or so-called solar plexus blow, is probably the most distressing and dangerous of all. It is inflicted in a region forming a triangle whose apex is at the xypho-sternal articulation, and whose base is formed by a line running between the bony ends of the seventh ribs below. Its disastrous consequences are not due primarily to the effect of the blow upon the solar plexus itself, but to disturbance caused by violent irritation of the stomach, producing shock not only to the solar plexus but also to the vagi. The treatment of this class of injuries is warmth, stimulation and quiet, as in other forms of shock, while special surgical procedures may

be indicated in certain cases with cerebral or visceral traumas.

The study of the effects of such injuries is of value, since the accidents both of sport and of industrial life often reproduce conditions similar to those investigated by Dr. Duncanson.—*International Jour. of Surgery.*

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Rheumatism—Rheumatism in children is often mistaken for "growing pains," and sometimes for tubercular disease of the hip or abdominal inflammations. In addition to the joint pain and stiffness, which are often insignificant, there may be present headache, stiff-neck, epigastric pain, habit spasms, night terrors and somnambulism. Chorea complicates over 50 per cent. of these cases of puerile rheumatism. There is commonly an excess of uric acid in the blood and urine.—*Denver Med. Times.*

Enterocolitis and Cholera Infantum.

Cleanse the intestinal tract with calomel and a saline or with castor oil. Prescribe a suitable diet, easily digested and non-irritating. Irrigate the rectum and colon at suitable intervals with normal salt solution or some mild antiseptic, using for the purpose a soft rubber catheter or colon tube.

Instead of opiates, which lock up the secretions and thereby favor auto-intoxication, relieve the muscular rigidity and the excruciating pain which is such a drain upon the vital forces, by the use of Antiphlogistine as hot as can be borne to the entire abdominal walls and covered with absorbent cotton and a compress. If the patient is not too far gone, the effect will be astonishing. The little sufferer, who until now has been tossing in agony and restlessness, with drawn features, will in most cases quickly become quiet; the drawn look will leave the face and a restful slumber will often supervene and start him upon the road to recovery.

The explanation of this, in part, is not far to seek. The heat and moisture combined with Antiphlogistine's well known hygroscopic properties, directly soothe the inflamed parts, reflexly contracting the visceral blood-vessels and relieving their engorgement. The tension of the muscular and nervous systems is further relieved by the action of Antiphlogistine through the solar plexus, thus adding to and emphasizing its local effects upon the inflamed intestines.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Anæsthesia in Dental Surgery.—By Thomas D. Luke, M. D., F. R. S. C. E. Rebman Co., New York; price, \$1.50.

Among the books sent us for review there is none that we have read with greater interest than this one. It is a complete history of anæsthetics of all kinds, the proper method of administering, together with a careful study of the cases in which each is desirable and the symptoms developed under each. While the book is intended primarily for the dental surgeon, its scope is almost general and it will be of especial interest to all surgeons who find it necessary or expedient to administer an anæsthetic in their offices for minor operations. The tables of gas and ether administrations in dentistry are self-explanatory, while those of the chloroform fatalities in dentistry afford food for reflection. The latter show the sudden onset of the fatal symptoms. As a large number of deaths from chloroform (40%) take place in minor operations on persons in apparently good health, the importance of this little book can not be overestimated.

The Utero Ovarian Artery.—By Byron Robinson, B. S., M. D. E. H. Colegrove, 65 Randolph St., Chicago, publisher. Price, \$1.00.

This monograph represents many years of practice and research and is presented to the medical profession in the hope that it will contribute to the progress of medicine. Its object is to show the great utility of the genital vascular circle in surgical operations on the genital tract, the author considering that this genital vascular circle is of more importance in medicine than the circle of Willis.

The book is thoroughly, carefully illustrated, both from prepared specimens and from X-ray photographs. To the gynecologist this monograph will be of especial value, but it is to be recommended to all who wish a better understanding of the anatomy of the pelvic vessels and the great changes of which they are capable.

The Year Book for May.—Year Book Publishers, 40 Dearborn St., Chicago. Price, \$1 00; price of series, \$5.50.

The May Year Book is devoted to general medicine. Typhoid fever is given more attention than any other one subject. Almost the whole book concerns diseases of the alimentary tract and of the liver. As usual with this series the book is both instructive and interesting.

The Gazette Pocket Speller and Definer.—English and Medical. Second Edition. New York: The Gazette Publishing Company, 35 West 42d Street. (50 cents.)

Practical utility appears to have been the governing idea of the compiler of this handy little volume. By a skillful selection of type it has been possi-

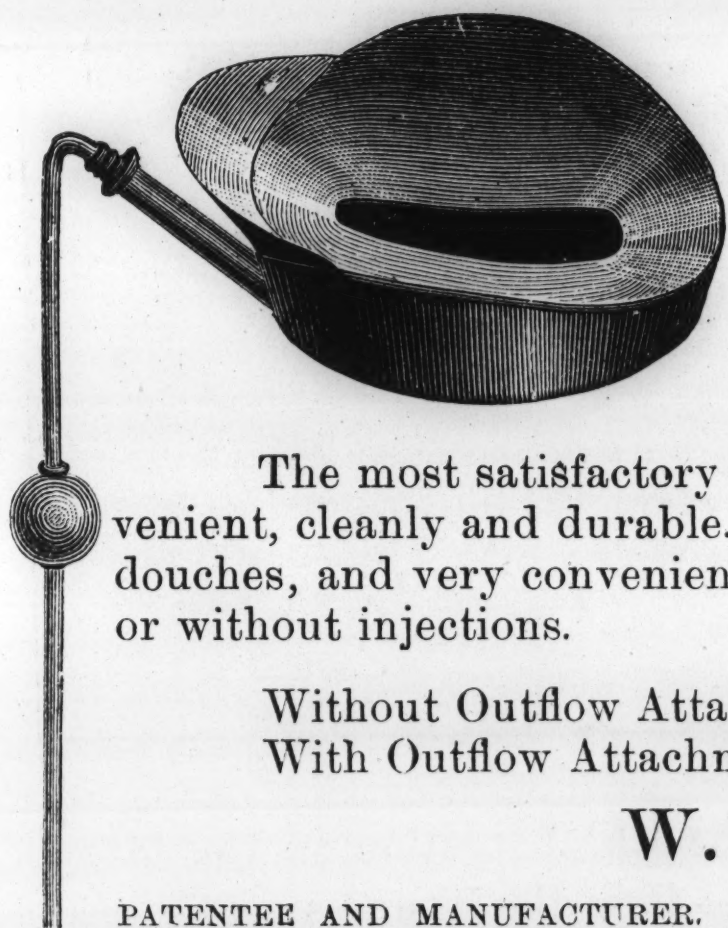
ble to include an extraordinary large number of words in a book that slips easily into the vest pocket, and in which the use of an exceedingly readable heavy-faced face for the words defined makes reference agreeable, despite the smallness of the body type. Pharmacists and drug clerks who have frequent occasion to refer to medical terms will find the Gazette Speller and Definer particularly useful.—*American Druggist.*

Physician vs. Bacteriologist.—By Prof. O. Rosenbach, Berlin. Translated by Dr. Achilles Rose.

Publishers, Funk & Wagnalls Co., 44 E. 23d St., N. Y. Price, \$1.50.

This book will be received with great favor by those who oppose the sweeping and far-reaching claims of bacteriologists. The author himself appreciates fully the value of bacteriology as a biological science, but he raises his voice against adopting a mere hypothesis as an infallible dogma.

The lectures incorporated in the book cover a wide range of subjects, from the subject of the sterilization of drinking water to the serum treatment. To quote the publishers' announcement, "the author aims to place medicine on a rational basis whence bacteriological aberrations have been endeavoring to banish it. This book treats on morbid proliferation of specialism in medicine and a one-sided organotherapy. It opposes unjustified and unwarranted claims of the bacteriologist, aiming at tuberculin and the legion of serums."



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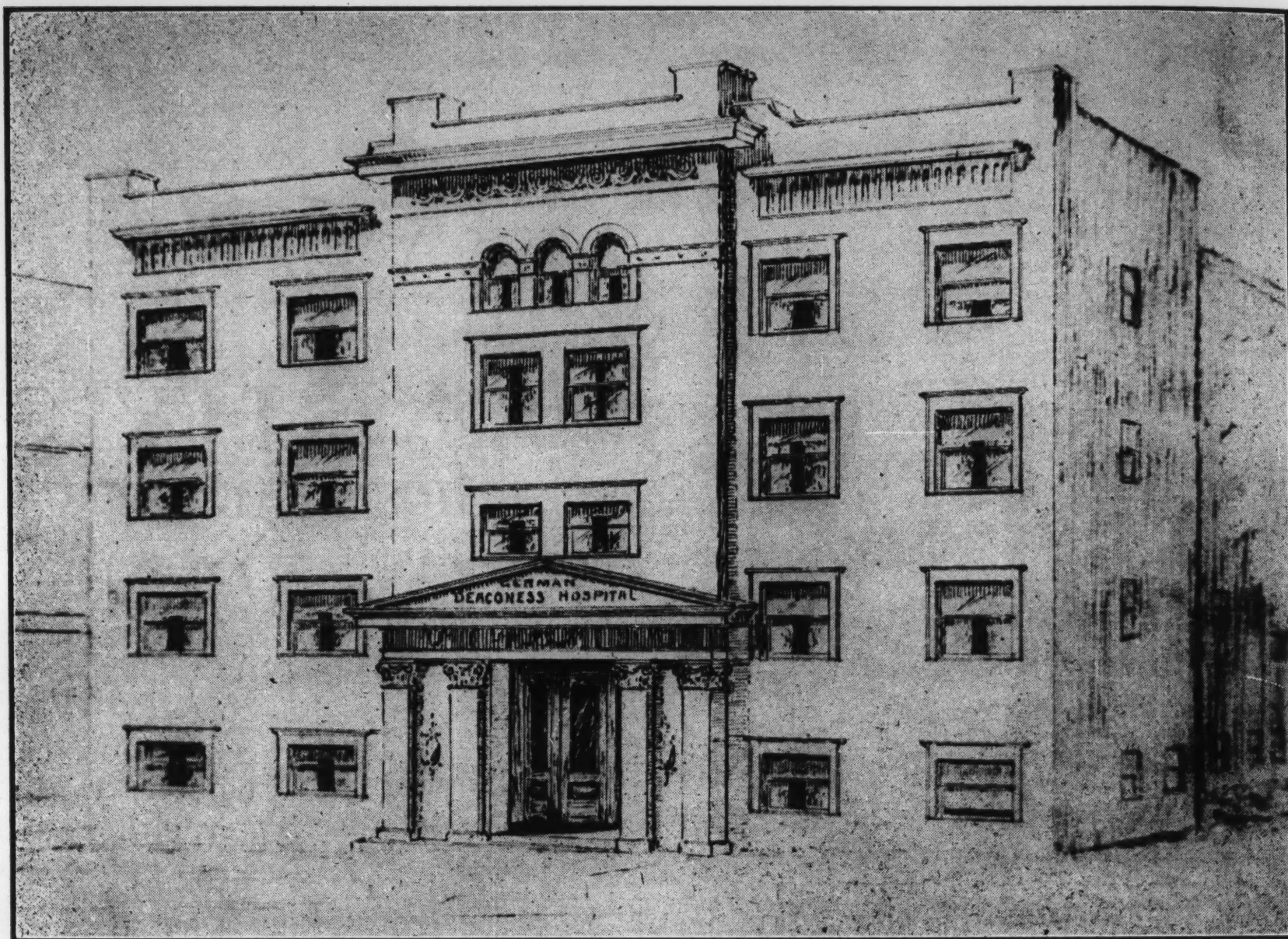
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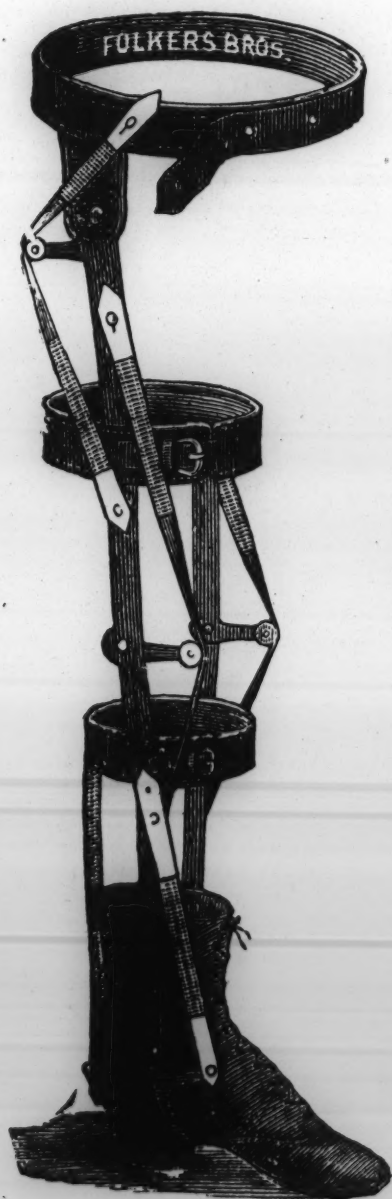
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PAPER

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For some affections of the throat, Collinsonia is certainly a specific. It is such in so-called "minister's sore throat," or the laryngitis due to an over use of the speech organs. It is also efficient in chronic laryngitis, with change of voice, and in chronic bronchitis, when there is *irritation, congestion, and sense of constriction*. When these symptoms are present, Collinsonia has no superior as a remedy in certain forms of relaxed uvula, in pharyngitis, in hoarseness, in croup, and in whooping cough, as well as in ordinary cough of nervous origin. For these various uses it is administered in fair sized doses, as

R. Specific Collinsonia, - - - - - f $\frac{3}{4}$ j.
Simple syrup, - - - - - q. s. ad f $\frac{3}{4}$ iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation, constriction, congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotten in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these lines. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal.*

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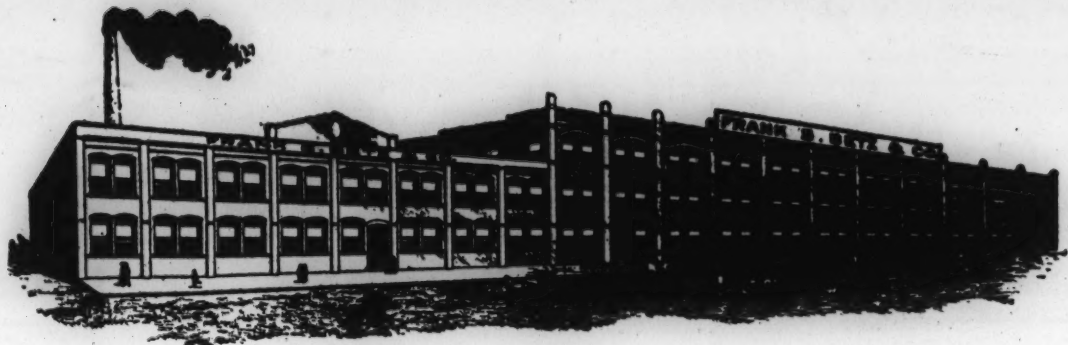
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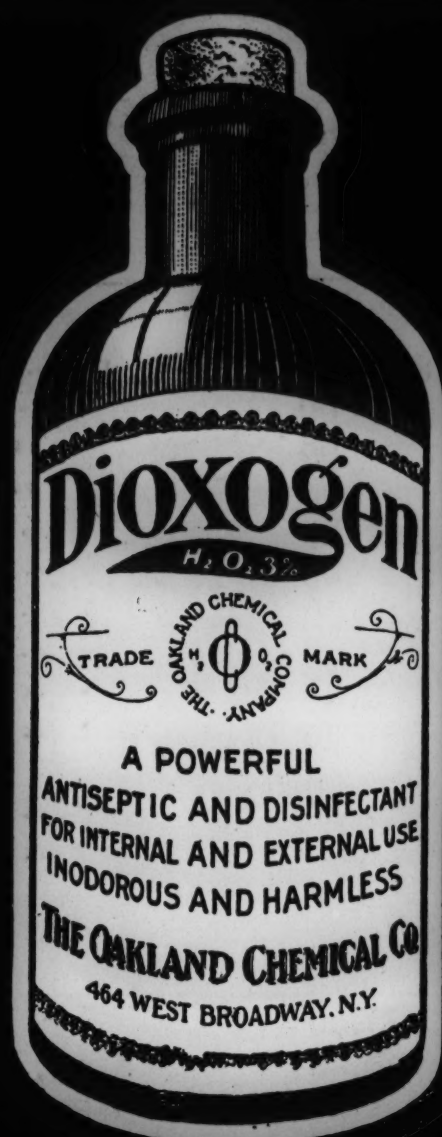
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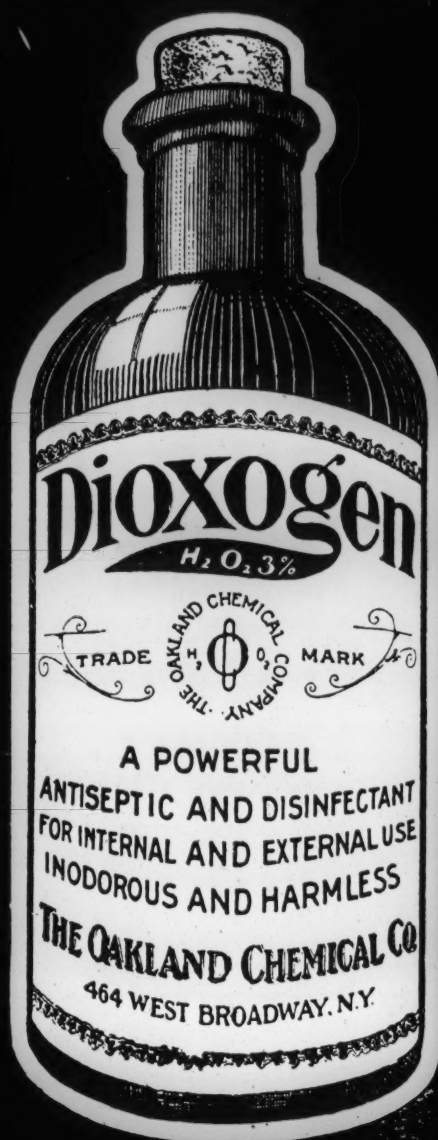
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